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10-1-87

SHIPPER 17796

Department of Health Services
Toxic Substances Control Division
Sacramento, California

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CIA X 0101010136483

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

PARA PLATE

3242 E. OLYMPIC BLVD. LOS ANGELES, CA 90023

4. Generator's Phone (213) 268-4281

5. Transporter 1 Company Name

OMEGA RECOVERY SERVICES

6. US EPA ID Number

ICIA D 0104121245001

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICES

12504 E. WHITTIER BLVD.

WHITTIER, CA 90602

10. US EPA ID Number

ICIA D 0104121245001

A. State Manifest Document Number

87114318

B. State Generator's ID

CIA X 0101010136483

C. State Transporter's ID

803785

D. Transporter's Phone

213/ 698-0991

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA D 0104121245001

H. Facility's Phone

213/ 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. WASTE ORM-A N.O.S. NA 1693 ORM-A
(FLEXOSOLVENT)

12. Containers

No. Type

01012 DM

13. Total
Quantity

Unit

Vol

WT/Vol

G

14. Unit

Vol

WT/Vol

G

1. Waste No.

State

211

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. 01

b.

c.

d.

15. Special Handling Instructions and Additional Information

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ALBERT KOIKE

Signature

Albert Koike

Month Day Year

11/01/1987

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

TM BALTIERA

Signature

TM Baltiera

Month Day Year

11/01/1987

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

FRANK FORD

Signature

Frank Ford

Month Day Year

11/01/1987

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY